

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)

A. Michael J. Ruebusch

Mailing Address 3272 Anniston Dr

City

Cincinnati

State

OH

Zip Code

45248-5002

FEC ID number of contributing
federal political committee.

C

Name of Employer

1099

Occupation

Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2014

Transaction ID : 85BB7C1690334C2DA70C

Amount of Each Receipt this Period

-333.33

Full Name (Last, First, Middle Initial)

B. Kevin J. Ryan

Mailing Address 1335 Arapahoe St

City

Thermopolis

State

WY

Zip Code

82443-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 04 / 2014

Transaction ID : C294D4BE-F115-46E2-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Christine A. Salvator

Mailing Address 6701 N Bosworth Ave
Unit B2

City

Chicago

State

IL

Zip Code

60626-5284

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ingalls Memorial Hospital

Occupation

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 03 / 2014

Transaction ID : A5574369-74BD-4798-

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

396.67